

**Annuities and the Kansas Medical Assistance Program  
Information for Medicaid Applicants and Recipients**

Case Name: \_\_\_\_\_ Date \_\_\_\_\_

We have received your request for new or continued Medicaid coverage. In order to determine your eligibility, we must obtain more information about any annuities you or your spouse own.

1. **You must tell us about any annuity.** If you do not tell us about annuities you or your spouse have, you risk having medical assistance denied or ended. Many annuities are issued as part of your retirement package. You must tell us about those annuities too. If you aren't sure if you have an annuity, your employer, agent or representative may be able to help you.

Do you or your spouse have an annuity? ☐ No (Stop Here) ☐ Yes, list company:

Agent or Employer involved in purchase \_\_\_\_\_ Phone # \_\_\_\_\_

2. **If you want long term care assistance, the State of Kansas must be named the remainder beneficiary of any annuity purchased on or after 2-8-2006.** Kansas Medicaid will recover any funds from the annuity that exist in the contract at the time of death, up to the amount of claims Kansas Medicaid has paid. The assignment will happen automatically when you are approved for assistance.

Kansas Medicaid is a secondary beneficiary to any living spouse, minor children or children with disabilities.

3. **Provide information about the annuity.** We need to know many details about your annuity to determine how it will be counted for medical assistance. The attached form is used to collect the information we need to know.

**TAKE THIS FORM TO YOUR AGENT, EMPLOYER OR OTHER CARRIER THAT ISSUED THE ANNUITY.** Ask the representative to complete the form. We also need a copy of the annuity contract.

4. If you have any questions about these requirements, contact your DCF case worker at the number below:

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Fax: \_\_\_\_\_ DCF Office: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

